

(School Letterhead)

Date:

Dear Parent/Guardian.

_____ has been selected for participating in the Title I Program at
_____ School. Extra help will be provided in one or both of the
following area.

_____Reading
_____Math

Title I students are assigned a specific period of time with a special Title I teacher or paraprofessional to receive additional assistance in the designated skill area. We feel this extra help results in improved performance in the classroom.

Please fill out and return the attached page as soon as possible to the school. We encourage you to visit with the Title I teacher during regular school conferences. If you have further questions as to the process of selection or what the tutoring involves, please feel free to call me at (phone number)

Sincerely,

Principal

This document is available in alternate formats upon a 5-working-day request. Examples of alternate formats include: Braille, large print, tape, etc. Please contact your school to make a request.

(School District) Title I Program

Parent Consent Form

_____ has been selected for participating in the Title I
Program at _____ School. Extra help will be provided in one or both of
the following areas.

_____ Math

_____ Reading

_____ Yes, I would like my child to receive Title I services.

_____ No, I would not like my child to receive Title I services.

Parent Signature: _____

Date: _____